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PTO/SB/05 (11-00)

Approved for use through 10/31/2002, OMB 0651-0032
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	19916004300
First Inventor	EMPEDOCLES, STEPHEN, et. al.
Title	TWO-DIMENSIONAL SPECTRAL IMAGING SYSTEM
Express Mail Label No.	EL525752662US

APPLICATION ELEMENTS		ADDRESS TO
See MPEP chapter 600 concerning design patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 52] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 10]</p> <p>5. Oath or Declaration [Total Pages 1]</p> <p>a. <input checked="" type="checkbox"/> UNexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATIONS PARTS		
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b)Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other:</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20350 (Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below			
Name	MARK D. BARRISH				
	Townsend and Townsend and Crew				
Address	Two Embarcadero Center				
	Eighth Floor				
City	San Francisco	State	CA	Zip Code	94111-3834
Country	USA	Telephone	(650) 326-2400	Fax	(650) 325-3057

Name (Print/Type)	Mark D. Barrish	Registration No. (Attorney/Agent)	36,443	
Signature			Date	05 APRIL 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 0

Complete if Known	
Application Number	
Filing Date	____/____/____
First Named Inventor	EMPEDOCLES, STEPHEN, et. al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	19916004300

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	20-1430
Deposit Account Name	Townsend and Townsend and Crew LLP
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	-20**	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3**	=			
Multiple Dependent					

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

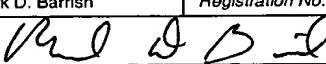
Other fee (specify)

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete if applicable
Name (Print/Type)	Mark D. Barrish	Registration No. (Attorney/Agent)	36,443	Telephone	650-326-2400	
Signature				Date	05 APRIL 2001	

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Atty. Docket No. 19916004300

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Date



Signature

STUART McLEISH

Typed or printed name of person signing Certificate

UTILITY PATENT APPLICATION TRANSMITTAL
FEE TRANSMITTAL
APPLICATION DATA SHEET (1 PAGE)
UNEXECUTED DECLARATION
SPECIFICATION (52 PAGES TOTAL)
INFORMAL DRAWINGS (10 SHEETS)
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